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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket No.	KEL01 P-145
	First Named Inventor	Patrick Leahy
	<i>COMPLETE IF KNOWN</i>	
	Application No.	10/553,941
	Filing Date	October 20, 2005
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing or <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A DEVICE AND METHOD FOR USE IN SURGERY

the specification of which

☐ is attached hereto

OR

☒ was filed on

04/22/2004

as United States Application No. or PCT International

Application No.

PCT/EP2004/04381

and was amended on (MM/DD/YYYY)

10/20/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
S2003/0304	IE	04/22/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

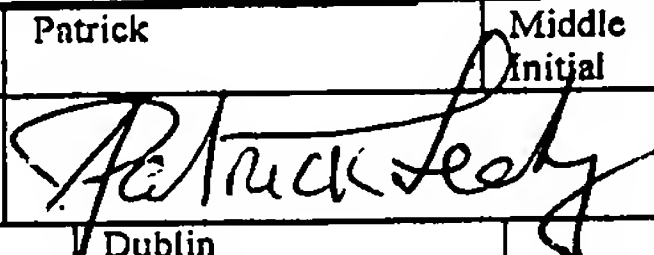
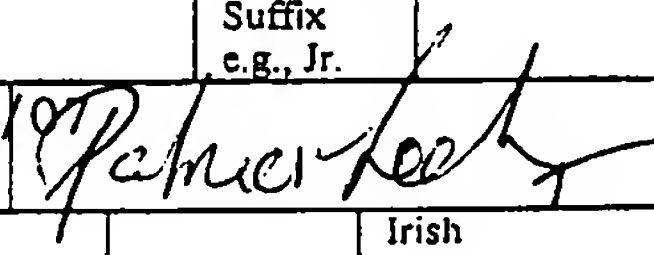
☐ Additional foreign application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION - Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer No. or Bar Code Label 28101 OR <input type="checkbox"/> Correspondence address below											
Name											
Address											
City		State			ZIP						
Country		Telephone			616/975-5502		Fax		616/975-5505		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>											
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name		Patrick		Middle Initial		Family Name		Leahy		Suffix e.g., Jr.	
Inventor's Signature						Date		23/1/07			
Residence: City		Dublin		State		Country		Ireland		Citizenship Irish	
Mailing Address		14 Hume Street									
City		Dublin		State		Zip		2		Country Ireland	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name				Middle Initial		Family Name				Suffix e.g., Jr.	
Inventor's Signature						Date					
Residence: City				State		Country				Citizenship	
Mailing Address											
City				State		Zip				Country	
<input type="checkbox"/> Additional inventors or legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.											

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Inventor's Signature		23/1/07		Date	
Residence: City		Dublin	State	Country	Ireland
Mailing Address		14 Hume Street			
City	Dublin	State	Zip	2	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name		Middle Initial		Family Name	
Inventor's Signature				Date	
Residence: City			State	Country	
Mailing Address					
City		State	Zip		Country
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